PTO/SB/22 (08-03)
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TRIOS	TION FOR EXTENSION OF TIME UND	ER 37 CFR 1.	136(a)	Doc	ket Number (O	ptional)	GEN10	P-333
		In re Applicatio	n of John	K. R	Roberts, et a	l <b>.</b>		
		Application Nu	mber	09/72	23,675	Filed N	ovember	28, 2000
		For LIGHT E	MITTING	G AS	SEMBLY			
		Art Unit	2875		Examiner	Thom	nas M. Sei	nber
	is a request under the provisions of 37 CFR cation.	1.136(a) to exten	d the period	d for t	filing a reply i	n the abo	ve identifie	d
The	requested extension and appropriate non-sma	all-entity fee are	as follows (	(checl	k time period	desired):		
	One month (37 CFR 1.17(a)(1))					\$	<b>5</b>	
	X Two months (37 CFR 1.17(a)(2))					\$	<u>4</u>	20.00
	☐ Three months (37 CFR 1.17(a)(3))					\$	š	
	Four months (37 CFR 1.17(a)(4))					\$	S	
	Five months (37 CFR 1.17(a)(5))					9	\$	
	Applicant claims small entity status. See 37		efore, the fe	ee am	nount shown a	above is r	educed by	one-
(5.7)	half, and the resulting fee is: \$		03/09/	/2004	BABRAHA1 000	00076 097	23675	
X	A check in the amount of the fee is encl	osed.	01 FC:	1252			420.00 0	P
	Payment by credit card. Form PTO-203	8 is attached.						
	The Director has already been authorized	ed to change fe	es in this	appli	ication to a l	Deposit A	Account.	
X	The Director is hereby authorized to charto Deposit Account Number 10	arge any fees w 6-2463	/hich may	be r	equired, or o	credit any	73.	ment,
	I have enclosed a duplicate copy of this	sheet.	_				MAR I	EC
	I am the applicant/inventor.						12 Y CE	ECEIVED
	assignee of record of the Statement under 37					'96).	2 2004 CENTER	/ED
	x attorney or agent of rec	ord. Registration	n Numbe	r <u>34</u>	,559		2800	
17	attorney or agent under Registration number if ac			<del></del>			0	
	WARNING: Information on this form may on this form. Provide credit card informat	become public. C ion and authoriza	redit card in ition on PT(	nform 0-203	ation should r	not be incl	luded	
	3-2-2004 Date		m	1	7/	/26		_
	Date			<i></i>	Signati	ure		
	(616) 949-9610 Telephone Number	_		•	Terry S. Ca			
NOTE			! 	-45 (-)	Typed or prin			
signat	Signatures of all the inventors or assignees of record of ture is required, see below.	ne entire interest or ti	eir representa	ative(s)	are required. Su	omit multiple	e forms if mor	e than one
X	Total of form	s are submitted.						

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMIT	TAL
FORM	

(to be used for all correspondence after initial filing)

Application Number	09/723,675	7
Filing Date	November 28, 2000	
First Named Inventor	John K. Roberts	· · · · · · · · · · · · · · · · · · ·
Art Unit	2875	
Examiner Name	Thomas M. Sember	
Attorney Docket Number	GEN10 P_333	

Total Number of Pages in This Submission	2   Attention Booker Hamber   GEN10 P-333								
ENCLOSURES (Check all that apply)									
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts  under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Remarks  After Allowance Communication to Group (Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary information  Status Letter Other Enclosure(s) (please Identify below):  REMICE  After Allowance Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary information  Status Letter Other Enclosure(s) (please Identify below):  REMICE  280 0								
SIGNA	L TURE OF APPLICANT, ATTORNEY, OR AGENT								
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C	CERTIFICATE OF TRANSMISSION/MAILING								
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Typed or printed name Anna M. Ma	tthews								
Signature	M. Markhame Date 3-2-04								

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